

**Pioneer Valley Christian School
Department of Athletics**

To: Students, Parents/Guardians of PVCS Athletic Participants

From: Athletic Director

STUDENT, PARENT/GUARDIAN ADVISORY/CONSENT AND RELEASE FOR STUDENT ATHLETIC PARTICIPATION

Pioneer Valley Christian School's athletic program, while voluntary, is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic events, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach, follow a proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact sports.

PARENTS (Please read and INITIAL each of the following statements to show that the statement has been read, understood and approved.)

- I consent to have my son/daughter represent Pioneer Valley Christian School in approved athletic activities except those activities excluded by the examining doctor.
- I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school vehicles. Parents/Guardians wishing to have their son/daughter traveling with them returning from an event must make arrangements with the coach.
- In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In an emergency, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization covers major surgery when decreed necessary prior to surgery by two licensed physicians or dentists.
- I agree not to hold the school or anyone acting on its behalf responsible for any injury, or its treatment, occurring to my son/daughter in the proper course of such athletic activities or travel.
- I acknowledge and accept that there are risks of physical injury involved in athletic participation, which may result in permanent paralysis, mental disability, and death.

By signing this form, I (parent/guardian), _____, certify that I give my permission for my child _____ to participate in athletics at Pioneer Valley Christian School from _____ August 2005 _____ until _____ June 2006 _____. I release Pioneer Valley Christian School and all coaches from all liability and waive any claims against them.

IN CASE OF ACCIDENT OR ILLNESS, I request the school to contact me. If I am unable to be reached, I hereby authorize the coach to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: _____ Phone: _____

Health Insurance Coverage: _____ Policy #: _____

Please attach a copy of the insurance card

Signature: _____ Date: _____

(Parent/Legal Guardian)

Address: _____ Telephone: _____

Student's name: _____ Birth date: _____